

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214510999					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1579921</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1175 HERNDON PARKWAY STE 900</p> <p style="text-align: center;">CITY/ST/ZIP: HERNDON, VA 20170</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENNETH W. YANCEY TITLE: PRESIDENT ADDRESS: 1175 HERNDON PARKWAY CITY/ST/ZIP/CO: HERNDON, VA 20170 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: KENNETH W. YANCEY TITLE: PRESIDENT ADDRESS: 1175 HERNDON PARKWAY CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	JOVITA CARRANZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9715 WOODS DRIVE #2002		
CITY/ST/ZIP/CO:	SKOKIE, IL 60077		
NAME:	RIDGELY EVERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1195 WESTSIDE ROAD		
CITY/ST/ZIP/CO:	HEALDSBURG, CA 95448		
NAME:	GAIL GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 TRAPELO ROAD, SUITE 329		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	KEITH OGATA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1056 IKENA CIRCLE		
CITY/ST/ZIP/CO:	HONOLULU, HI 96821		
NAME:	LAURA RADEWALD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 FLETCHER PLACE		
CITY/ST/ZIP/CO:	HOPKINS, MN 55305		
NAME:	MARGIE TRAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	740 SOUTH MILL AVENUE, SUITE 210		
CITY/ST/ZIP/CO:	TEMPE, AZ 85281		
NAME:	TIM CARROLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18411 BEAVERWOOD RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55345		
NAME:	SUSAN HARTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5606 BEAR MOUNTAIN DRIVE		
CITY/ST/ZIP/CO:	EVERGREEN, CO 80439		
NAME:	NIGEL STEPHENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3314 MAJOR DENTON DR		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705		
NAME:	NANCY STROJNY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	82 HUNTS POINT RD		
CITY/ST/ZIP/CO:	CAPE ELIZABETH, ME 04107		
NAME:	ROBERT WAITE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10708 JIMSON ST		
CITY/ST/ZIP/CO:	PROSPECT, KY 40059		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD WEISS DIRECTOR 24 DUNBARTON DR NASHUA, NH 03063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN FUQUA	JOHN FUQUA, TREASURER	2/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			